	OPI	Office of Public Instruction Linda McCulloch, Superinten PO Box 202501 Helena, MT 59620-2501	
	School District		
	Bus Owner		
	Police Report No. (if known)_		
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UNIFORM SCHOOL BUS ACCIDENT REPORT FORM T-8

OPI USE ONLY No.

School DistrictCoun	ty No Legal E	Intity		
Bus Owner Bus Driver Name Bus Driver License No				
Police Report No. (if known)				
	Time		АМ ∏РМ	
Address or Location of Accident			🗀	
Bus Owner Name and Address				
Vehicle ID No Bus Body Make	Bus Chassis Make	Model Y	ear	
PART I—SCHOOL BUS	PHYSICALLY INVOLVED			
 Type of accident (enter only one response): Between motor D ☐ Fixed object G ☐ Other collision 	7. <u>First</u> point of impact (enter only	one response in bo)	
vehicles (complete Q. 2) (animal, animal- B ☐ Noncollision E ☐ Pedacycle drawn vehicle,	A J I H			
C Pedestrian F Railroad train streetcar)	0 G	سر		
Complete if fixed object accident (enter only one response, that which		₹ <u></u>	_ تــر	
caused most damage): A ☐ Embankment . E ☐ Sign H ☐ Fence K ☐ Curb or wall	•	Г		
B ☐ Utility pole F ☐ Guardrall I ☐ Medn barrier L ☐ Culvert or C ☐ Tree G ☐ Bridgerail J ☐ Fire hydrant headwall	Contributing circumstances (en	∟ ter as manv respon	ses as applicable)	
D Other (specify)	,	Bus Driver	Other Vehicle	
Did accident result in? (enter only one response)	Driver Action	Action	Action	
A ☐ Fatality D ☐ Nonincapacitating injury (moderate) B ☐ Incapacitating injury (serious) E ☐ Possible injury (minor)	Speed	A1	A2	
or if property damage only, was it?	Right-of-way—failed to yield	B1	B2	
C More than \$500 F Less than \$500	Passed stop sign	C1	C2	
4. Number injured: (see PART IV)	Disregarded signal Drove left of center	D1 E1	D2 E2	
5. Manner of collision between vehicles or objects:	Improper overtaking	F1	F2	
A ☐ Angle C ☐ Rear-end B ☐ Head-on D ☐ Other	Made improper turn	G1 H1	G2 H2	
Bus direction analysis (enter only one reponse in only one category):	Followed too closely Backing	I1	12	
Collision with Other Vehicle Intersection Nonintersection	Sudden movement	J1	J2	
K ☐ Entering/angle of any vehicle O☐ Same direction, both moving	No improper action	K1	K2	
involved in accident L ☐ Entering same direction, P ☐ Opposite direction,	Deserve	Mahial	e Defect of Bus	
both moving both moving M Entering opposite direction, Q One vehicle stopped	Roadway L Defective surface (e.g., pothole	s) P 🔲 Tires		
both moving	M ☐ Slippery N ☐ Inoperative traffic signal	Q 🔲 Brakes R 🔲 Lights	3	
N Other action R Other action	O View obstructed by object (i.e., tree, fence, shrubbery, etc.)	S 🔲 No veh T 🔲 Other_		
Collision with Pedestrian Intersection Nonintersection	Total number of lanes on roadw			
A ☐ Bus going straight B ☐ Bus turning right F ☐ Bus going straight G ☐ Bus turning right	ļ.	, ay		
C ☐ Bus turning left H ☐ Bus turning left	Posted speed limit	L		
D Bus backing I Bus backing E Other action J Other action	11. Approximate speed of the bus			
All Other Collisions	12. Age of the school bus driver			
Intersection Nonintersection S ☐ Fixed object V ☐ Fixed object	13. Driver gender A ☐ M B	□F		
T Other road vehicle, W Other road vehicle,	14. Driver's experience driving scho	ool bus:		
train, pedacycle train, pedacycle U Other object, animal		2-5 years 5-10 years		
Noncollision		Over 10 years		
Intersection Nonintersection Y □ Overturn AA □ Overturn	15. In the last three years, how man			
Y Overturn AA Overturn Z Other noncollision BB Other noncollision	accidents has the driver had (ex one)?	cluding this	<u> </u>	
•				
	L			
Instructions	Part III:			
Please complete this report according to the following instructions.	(Both written description and a	diagram are requ	ired for this	
Incomplete or incorrect forms may be returned for completion or	part.) a) Please fill out a WF	RITTEN DESCRI	PTION of	
correction. Part I:	accident in your own words in the			
Please read each question carefully. Some questions allow for	any attachments here. b) Once you have des	cribed the accide	nt. please draw	
more than one answer and some are limited to one response. Please answer accordingly.	a diagram picturing the incident		, picuse uiaw	
 If accident results in injury, please be sure to fill out 	Part IV:			
Part IV and include one figure for EACH injured person. (Age is a factor here.)	This section has TWO different	sections to be av	vare of:	

This section needs to be filled out **ONLY** if an injury or fatality occurred in the **LOADING/UNLOADING ZONE**.

- a) This block records injuries and fatalities which occur only inside the bus—please record by age and sex.
 b) Second block records injuries and fatalities which
- occur only off the bus in the loading zone—please record by age and sex.

16. Did the driver receive preservice school bus driver training? A	PART III(B)—GRAPHIC DESCRIPTION Complete the following diagram showing direction and positions of vehicles involved, designating clearly the point of contact. (If this diagram will not serve for the accident in question, attach separate sheet with illustration.) Indicate by arrow direction of North.
applicable). A □ Dry C□ Under repair E□ Holes or ruts G□ Wet B□ lcy D□ Snow packed F□ Muddy H□ Other	PART IV—INJURY TALLY SHEET
24. Light Condition (enter only one response): A □ Dawn D □ Dark, artificially illuminated B □ Daylight E □ Dark, not artificially illuminated C □ Dusk F □ Overcast G □ Other 25. Weather condition (enter only one response): A □ Clear C □ Raining E □ Snowing G □ Smog/smoke B □ Sleeting D □ Fog F □ Dust H □ Other PART II—LOADING/UNLOADING ZONE ACCIDENTS	A. On Board Bus Injured All All
	12 13
response) A ☐ Approaching the zone C ☐ Leaving the zone	14 15 16
B ☐ Stopped in the zone D ☐ Not in sight 2. Was the publi(s)? A ☐ Hit by bus B ☐ Hit by other vehicle	17 18 Over 18
Was the pupil(s)? A☐ Hit by bus B☐ Hit by other vehicle Number injured: (see PART III)	Driver Others
4 Location of injured pupil(s):	Totals
A On side of road C In roadway D On sidewalk Please describe behavior of pupil(s) in loading zone in "Written Description of Accident." PART III(A)—WRITTEN DESCRIPTION OF ACCIDENT	B. Off Bus Loading/Unloading Zone
	Over 18 Driver Others
	Totals
Name of Person Completing Report	Phone # Date
Supervisor of TransportationSignature	Date
Reporting Requirements: Submit one copy of this report for each accident occusing and dated by the Supervisor of Transportation. All reports are to be submit Instruction, PO Box 202501, Helena, MT 59620-2501.	urring during the fiscal year (July 1 through June 30). Each report must be
TYPE A—Detroit Van Conversion; under 10,000 lbs GVWR	TYPE C—Conventional School Bus; Engine in front of Windshield: over 10,000 lbs GVWR TYPE D—Transit style bus; engine
TYPE B—Delivery Van and Detroit Van Conversion; over 10,000 lbs GVWR	front, rear or midship; entrance door ahead of front wheels; over 10,000 GVWR